

09/29/03
17444 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL <small>(only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	DEP-5164
		First Inventor	Voellmicke, John
		Title	Vertebroplasty Device Having A Flexible Plunger
		Express Mail Label No.	EE500745192US
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 14] <small>(Preferred arrangement set forth below)</small> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 2] 5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other—Express Mail Certificate IDS MPEP 609D Submission Formal Drawings Transmittal	
18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: Prior application information: Examiner _____ Group Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA			
20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Thomas M. DiMauro at: Telephone: (508) 880-8401 Fax: (508) 828-3789			
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Thomas M. DiMauro Reg. No. 35,490		
SIGNATURE	<i>Thomas M. DiMauro</i>		
DATE	9.29.03		

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**FEE TRANSMITTAL***Complete if Known*

Application Number	
Filing Date	Herewith
First Named Inventor	Voellmicke, John
Group Art Unit	
Examiner Name	
Attorney Docket Number	DEP-5164

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	31 - 20 =	11	x 18.00	\$198.00
INDEPENDENT CLAIMS	2 - 3 =		x 84.00	\$
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$948.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/DEP5164/TMD in the amount of \$948.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/DEP5164/TMD. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Thomas M. DiMauro	Reg. No. 35,490
Signature		Date: 9.29.03
		Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John Voellmicke

For : Vertebroplasty Device Having A Flexible Plunger

Express Mail Certificate

"Express Mail" mailing number: EE500745189US

Date of Deposit:

9/29/03

I hereby certify that this complete application, including specification pages, claims, formal drawings, Declaration and Power of Attorney, Information Disclosure Statement, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 - 1450.

Karen M. Day

(Typed or printed name of person mailing paper or fee)

Karen Day

(Signature of person mailing paper or fee)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Notice of Allowance:

Batch No. :

Serial No. :

Applicants: John Voellmicke

Filed : Herewith

For : Vertebroplasty Device Having A Flexible Plunger

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United States Postal Service as first class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

9/29/03

(Date of Deposit)

DePuy AcroMed, Inc.Name of applicant, assignee, or Registered RepresentativeKaren Day

(Signature)

9/29/03

(Date of Signature)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF FORMAL DRAWINGS (PHOTOCOPIES)Attention: Official Draftsman

Sir:

Applicants herewith submit one set of photocopies of two (2) sheets of
formal drawings in connection with the aboveidentified patent application

Please charge any fees which may be required for this submission to
Johnson & Johnson Deposit Account No. 10 -0750/DEP5164/TMD. Three copies of this
sheet are enclosed.

Respectfully submitted,

Thomas M. DiMauro

Thomas M. DiMauro

Attorney for Applicants

Reg. No. 35,490

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(508) 880-3132